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(Requestor's Name)	
(Address)	20
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COVER LETTER

TO: Registration S Division of Co				
Royal Foa	m US LLC			
SUBJECT:	T:Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Valentyn Kulbaka			
	Royal Foam US LLC	Name of Person		
		Firm/Company		
	9745 Touchton rd unit 310	2		
	Address			
	Jacksonville FL 32246			
	City/State and Zip Code valentyn@royalfoam.us			
		to be used for future annual report not	ification)	
	concerning this matter, please c			
Valentyn Kulbaka		904 3455400 at ()		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:	STREET/COUR Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



April 11, 2019

VALENRYN KULBAKA 9745 TUCHTON RD UNIT 3102 JACKSONVILLE, FL 32246

SUBJECT: ROYAL FOAM US LLC Ref. Number: L18000246204

We have received your document for ROYAL FOAM US LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00007361

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Royal Foam US LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our record mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com Florida document number 1.18000246204	pany were filed on 10.19.2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>	
		72
Enter new mailing address, if applicable:		
.,		The second second
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Note that the state of the stat	dee	
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		
charter of agent with the new regimes as a second	 -	25
Name of Many Danietowad Against		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addres	`
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Viacheslav Kulbaka	9745 Touchton rd unit 2501 Jacksonville FL 32246	■ Add
			☐ Remove
			□ Change
AMBR	Valentyn Kulbaka		Add
		9745 Touchton rd unit 3102 Jacksonville FL 32246	■ Remove
			☐ Change
MGR	Valentyn Kulbaka	9745 Touchton rd unit 3102 Jacksonville FL 32246	⊟ Add
			☐ Remove
			Change
		<u></u>	Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
		 	
			□ Remove
			Change

	01.01.2019
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	03.27.2019
Dated	Signature of a member
	Signature of authorized representative of a memora
	Valentyn Kulbaka

Page 3 of 3

Filing Fee: \$25.00